

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

Form Approved
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	TRANSMITTAL NUMBER	STATE
	91-19	California
	PROGRAM IDENTIFICATION Medicaid	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	PROPOSED EFFECTIVE DATE July 1, 1991	

TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE NEXT 4 BLOCKS IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

FEDERAL REGULATION CITATION

NUMBER OF THE PLAN SECTION OR ATTACHMENT SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 5 and Page 1	NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 5
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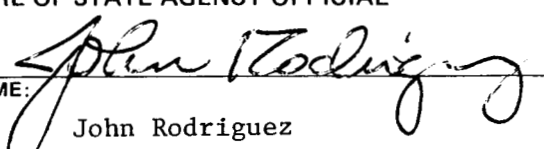

SUBJECT OF AMENDMENT

Update of the Maintenance Need Levels for the Medically Needy programs.

GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
The Governor's office does not wish to review State Plan Amendments.

SIGNATURE OF STATE AGENCY OFFICIAL 	FOR REGIONAL OFFICE USE ONLY	
	DATE RECEIVED September 26, 1991	DATE APPROVED June 6, 2001
TYPED NAME: John Rodriguez	PLAN APPROVED - ONE COPY ATTACHED	
TITLE: Chief Deputy Director of Programs	EFFECTIVE DATE OF APPROVED MATERIAL July 1, 1991	
DATE: 9/25/91	SIGNATURE OF REGIONAL OFFICIAL 	
RETURN TO: Department of Health Services Medi-Cal Eligibility Branch 714 P Street, Rm 1650 Sacramento, CA 95814 Attn: Rita LeGarde State Plan Coordinator	TYPED NAME: Linda Minamoto	
	TITLE: Associate Regional Administrator Division of Medicaid	
	REMARKS:	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: California

D. INCOME LEVELS - MEDICALLY NEEDY

X Applicable to all groups.

Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance	Amount by which Column (2) exceeds limits specified in	Net income level for persons living in rural areas	Amount by which Column (4) exceeds limits specified in
	<u>/</u> urban only	42 CFR 435.1007 ^{1/}		42 CFR 435.1007 ^{1/}
	<u>/X</u> urban & rural			

(1)	(2)	(3)	(4)	(5)
1	\$ 600.00	\$	\$	\$
2	\$ 750.00	\$	\$	\$
2 Adults	\$ 934.00 ^{2/}	\$	\$	\$
3	\$ 934.00	\$	\$	\$
4	\$ 1100.00	\$	\$	\$
5	\$ 1259.00	\$	\$	\$
6	\$ 1417.00	\$	\$	\$
7	\$ 1550.00	\$	\$	\$
8	\$ 1692.00	\$	\$	\$
9	\$ 1825.00	\$	\$	\$
10	\$ 1959.00	\$	\$	\$
For each additional person, add:	\$ 14	\$	\$	\$

^{1/} The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

^{2/} This maintenance need level applies only when at least one of the adults is aged, blind or disabled.

EXHIBIT C

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CALIFORNIAINCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants and Children:

<u>Family Size</u>	<u>Need Standard</u>	<u>Payment Standard</u>	<u>Maximum Payment Amount</u>
1	\$341	\$341	\$341
2	560	560	560
3	694	694	694
4	824	824	824
5	940	940	940
6	1057	1057	1057
7	1160	1160	1160
8	1265	1265	1265
9	1371	1366	1366
10	1489	1468	1468
More than 10	Add \$14 for each additional person		

2. For pregnant women and infants under Section 1902(a)(10)(i)(IV) of the Act (infants under one year of age) the income eligibility level is 185 percent of the Federal poverty level (as revised annually in the
- Federal Register
-) for the size family involved.

TN No. 91-019 PJD
Supersedes
TN No. 88-21Approval Date JUN 6 2001Effective Date July 1, 1989-1991 PJD

HCFA ID: 7985E